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# Transformation and Efficiency in Social Care

**John Bolton**  
**Director of Strategic Finance**

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# Putting People First

- Universal Services
  - Housing, Adult Education, Employment...
- Strategic Needs Assessment
  - Leading to Strategic Vision and Commissioning Strategies
- Information and Support
  - Signposting (Library Services) and “non care”
- Prevention / Early Intervention
  - Enablement and limiting need for long-term care to support efficiency agenda
- Personalisation – Choice and Control
  - Using money better for outcomes – commissioning key
- User/ Carer Empowerment
  - User Led organisations and engagement with users/carers
  - Empowering citizens to be part of communities

# CSR settlement for next 3 years

- 1.5% growth for Local Authority Budget which “will fund demography” if put alongside 3% efficiency savings.
- 2.3% increase in DH contribution to Area Based Grants and through new specific grants.

**BUT**

- Relies on LAs delivering 3% cashable efficiencies each year
- Not even across the country

# Expenditure on Adult Social Care

(2006/07)

Local Authorities spent £15 billion revenue on social care – we no longer know what proportion of that is funded by Central Government

- Funding for Social Care from Central Government
  - Revenue Grants paid by DH into Area Based Grants – accounts for just under £1 billion
  - Ring fenced Revenue Grants from DH
    - Social Care Reform Grant – £520million over 3 years
    - Stroke Co-ordination Grant - TBA
  - Capital Pot - £151 million (over 3 years)
  - Ring fenced capital £210 million (over 3 years)
- Funding from Local Government to Social Care
  - Fees and Charging (Fairer Charging and CRAGs) – about £2 billion
  - Capital Contribution from Local Authority capital programme

# Spend in Service Areas

(2006/07)

- Older People – £8.660 billion  
(14% increase over 5 years)  
(decreased proportion of spend from 59% (02/03)- 57% (06/07))
- Adults with PD/SI - £1.420 billion  
(22% increase over 5 years)  
(remains at 9% of total PSS spend on Adults/Older People)
- Adults with LD - £3.290 billion  
(31.6% increase over 5 years)  
(increased proportion from 19% (02/03) – 22% (06/07))
- Adults with MH - £1.070 billion  
(18% increase over 5 years)  
(remains at 7% of total PSS spend on Adults/Older People)

# Spend on Residential Care

(2006/07)

- 48% of total spend on residential care
- Older People (Gross Spend) - £4.710 (54% of spend)
  - Nursing Care (Gross Spend) – £1.510b (32% older res spend)
- Physically Disabled (Gross Spend) - £370m (26%)
- Learning Disability (Gross Spend) - £1.760b (53%)
- Mental Health (Gross Spend) - £390m (36%)

# Rethinking the Approach: Managing for Independence – a New Framework for Models of Support – Prevention and “Upstreaming”

(Low Level) Preventative Services  
Services that reduce the probability of a trigger event

## Trigger Event

Occurrence that changes an individual's circumstances and prompts an intervention

## Response to Trigger Event

Actions to improve support pathway and avoid unnecessary actions and cost escalation

Time-limited Intervention  
(Short – term)

## Reablement Focus

- At Home
- Day Services
- Institutional

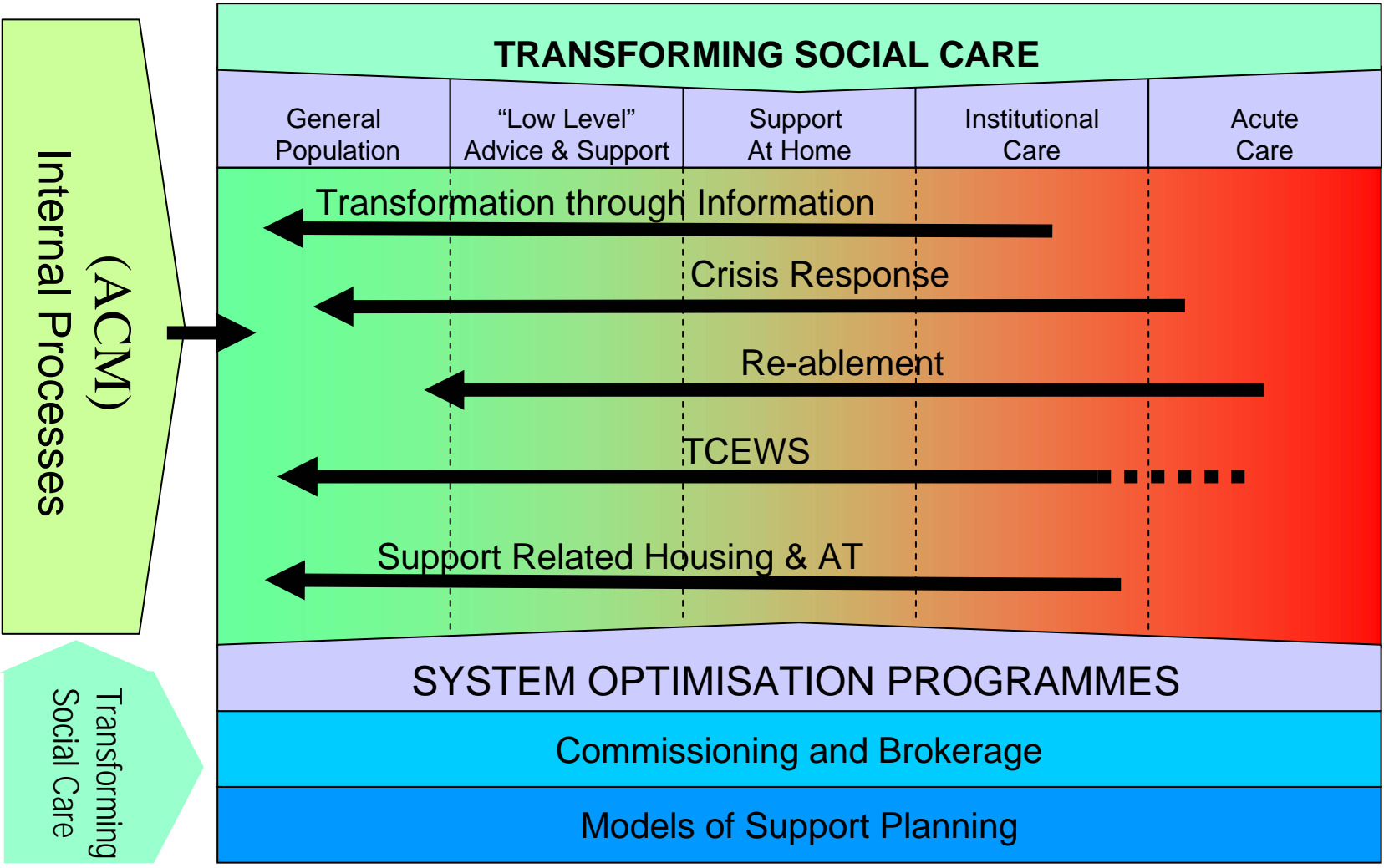
## Presumption of Cessation and Prevention

Extended Intervention  
(medium / long-term)

## Reablement Focus

- At Home
- Day Services
- Institutional

People choose less dependent options:  
 This is typically more cost effective



# Prevention – planned interventions

- Who might have an acute admission to hospital?
- Who is at risk of admission to residential/nursing care?
- Who is at risk of having critical social care needs?
- Whose costs of social care are likely to increase?
- Whose combined health and social care costs are likely to increase?

Oxford Brookes Study

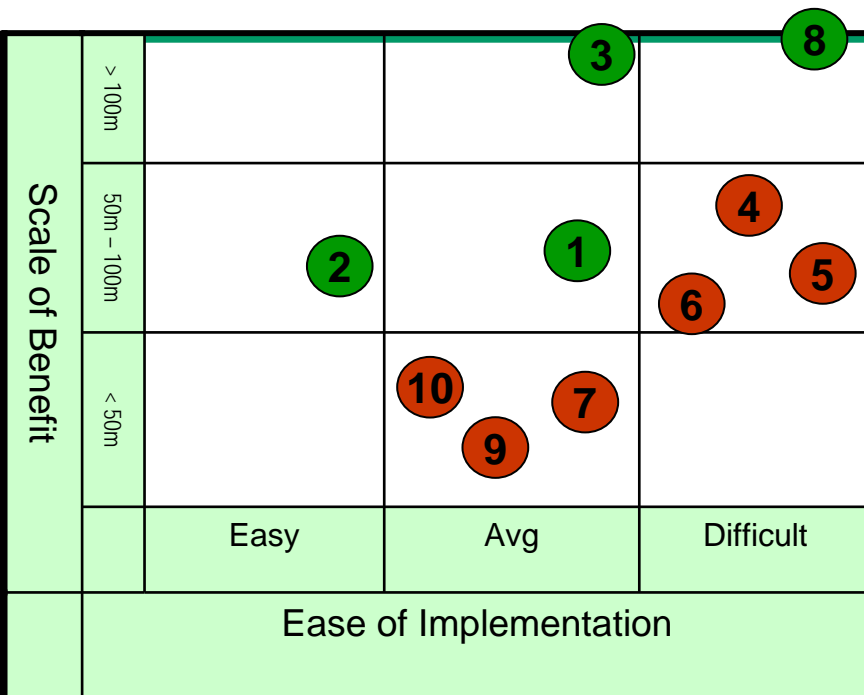
Stroke/ Podiatry/ Dehydration/ Teeth/ Contenance

# Efficiency

- Procurement –but overall shape of services
- Understanding needs and predicting demand
- Using housing resources
- Enablement, recovery and limiting care costs
- Role of Technologies/ “Telecare”
- Care pathways / continuing care
- Use of consultants
- Use of Agency Staff/tackling sickness levels
- Consequence of not advising self-funders

These programmes have potential to deliver significant savings by the end of the CSR07 period

Programme	P90 (min)	P50 (med)
1. TCEWS (Transf. of Community Equipment & Wheelchair Services)	77m	85m
2. Referral and Assessment Process	50m	68m
3. Reablement	119m	143m
4. Models of Support Planning	58m	72m
5. Support Related Housing and Technology	50m	65m
6. Better Use of Information	45m	57m
7. Crisis Response	23m	29m
8. Commissioning (including Better Buying and Demand Forecasting)	132m	150m
9. Service Solutions (Brokerage & Outcome Specifications)	12m	16m
10. Personalisation of Social Services	27m	36m
TOTAL from CSED focus programmes	593m	721m
Other DH / CSSR Improvement Programmes	300m	300m
Total all programmes	893m	1021m



■ Extensions of existing work    
 ■ New areas of CSED focus    
 ■ Other contributions

# Other financial issues

- Eligibility Criteria
- Transfer of LD Commissioning Monies
- Monies for Stroke Co-ordinators
- Local Area Agreements
  - Area Based Grant
  - Measuring Outcomes for investment
- Fairer Charging
- CSR (10)